

CHI Objectives and Outcomes 2008

2008 Objectives (measurable outcomes)	Key Measures	Outcomes		
		Dec. YTD	% of objective	Jan 07 - Dec 08
Enroll <b>2,600</b> children in public insurance programs (Medicaid, SCHIP, BHP and Children's Health Program)	Accepted applications and renewals for Medicaid, SCHIP, CHP and BHP for children under 19**	<b>3,043</b>	<b>117%</b>	<b>4,463</b>
Increase by <b>2,000</b> the number of Community Agency staff who are "wise watchers"; possessing the knowledge and tools to perform ongoing physical, oral, developmental and mental health surveillance of the children in their programs and encouraging families	Number of staff trained	<b>3,528</b>	<b>176%</b>	<b>6,311</b>
Provide <b>1,500</b> parents of low-income children especially in isolated immigrant groups with culturally appropriate health education and guidance regarding recommended preventive care, health insurance, and linkage to medical and dental homes	Number of parents or caregivers trained	<b>3,764</b>	<b>251%</b>	<b>8,595</b>
Provide <b>1,200</b> low-income children especially in isolated immigrant groups with culturally appropriate health education and guidance regarding oral health and, for teens general preventive care	Number of children receiving preventive health education	<b>2,794</b>	<b>233%</b>	<b>2,794</b>
Decrease persistent cultural barriers for 100 families in isolated immigrant groups re insurance, access, or health system navigation issues		<b>189</b>	<b>189%</b>	<b>293</b>
Establish medical homes for 1,500 children	Number of children completing $\geq 1$ medical visit*	<b>Data on medical and dental homes, defined as clients that have completed an appointment within one year of enrollment, will not be available for 2008 clients until 2009</b>		
Establish dental homes for 1,000 children	Number of children completing $\geq 1$ oral health visit*			
Increase the percentage of 3-6 year old children who are up-to-date on EPSDT visits by 20% *	HEDIS measures for 3-6 year olds*	<b>Data on improvement in preventive services in contracted clinics will be available in 2009</b>		
Increase the number of children with a oral health visit by age 1 by 20% *	Number of children receiving oral health check by dentist or doctor by 18 months*			
Increase the number of fluoride applications for children by 15% *	Number of fluoride varnishes and/or % of children with EPSDT receiving fluoride varnish *			
Increase the number of children with immunizations up to date by 15 % *	HEDIS measures for 19-35 months*			
Increase the number of children 0 to 5 who receive a structured developmental assessment by 20 %*	% of 0-6 yr olds with EPSDT receiving validated screening*			